



Missouri Pharmacy Program – Preferred Drug List



Antihyperuricemic Agents

Effective 06/21/2011

Revised 02/18/2015

Preferred Agents

- Allopurinol
- Probenecid
- Colcrys®
- Probenecid/Colchicine

Non-Preferred Agents

- Uloric®
- **Colchicine Tabs (gen Colcrys)**
- **Colchicine Caps**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents <ul style="list-style-type: none">○ Documented trial period for preferred agents○ Documented ADE/ADR to preferred agents	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030